

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889234

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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30	1					
31	1					
32			1			
33				1		
34				2		
35				2		
36				2		
37				2		
38				2		
39				2		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48				2		
49			1			
50				1		
TOTAL IND.	2		2			
TOTAL DEP.	40		54			
TOTAL CLAIMS	42		56			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				2		
54				2		
55				2		
56				2		
57				2		
58				2		
59				2		
60				2		
61				1		
62				1		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS